

### ***Controlled Substance Inventory***

On May 1, 2005 each pharmacy must inventory all controlled substances. Please review the following items when taking your inventory:

- Drugs in all schedules (II-V) must be inventoried.
- Write the name and address of the pharmacy and the date and time (beginning of business or end of business) on the inventory.
- The inventory must be signed by the pharmacist responsible for the inventory.
- All controlled substances, including outdated drugs and drugs to be returned, must be inventoried.
- If the inventory is to be taken on a date other than May 1, 2005, then a written request must be made to the board's office at least 10 days prior to May 1, 2005. A written reply will be sent to the pharmacy submitting the request.
- A legible copy of the inventory must be sent to the board's office no later than May 15. The original must be kept on file in the pharmacy.

### ***Prescription Drug Monitoring Program (Denise Lane, Records Analyst)***

Atlantic Associates now has a dedicated fax number - (877) 508-6704. The phone number will remain the same (888-492-7341).

Just a tip for those pharmacies who are receiving error files back for data submitted to Atlantic Associates. After you fix the errors you must resubmit your data for that month! If you don't, it will look like you didn't submit data for that month at all. To do this, you must contact your software vendor and request that they resend the entire file for that month again.

When you have unknown birthdates, the only instance that you should be using a bogus date (01/01/2000) is if it's a pet and you have advised the board in writing of what date you will

be using. Otherwise, you will need to research the correct birth date of the patient and resubmit clean data.

As of January 26, 2005, we have had 183 requests for patient profiles. Of those, 122 were from practitioners, 48 from pharmacists, 12 from licensing boards and 1 from a law enforcement agency. We have received a total of 255,320 prescriptions for the time period of July 1st through December 31st, 2004 and we are up to about 82% of reporting pharmacies!

Thanks for all of your time and hard work you and your staff do in making this program a success!

***“Heads Up”- Richard Burton, RPh, Compliance Officer***

The board anticipates having the inspectors perform a drug audit of one randomly selected controlled substance during routine inspections during 2005.

Once a technician-in-training has passed the Pharmacy Technician Certification Board (PTCB) exam and becomes certified they still must apply to the board's office, pay the required fees before they can become licensed as a registered pharmacy technician. Until at which time the application has been processed by the board and a pharmacy technician license issued, the individual is still considered a pharmacy technician-in-training.

Until the federal law is changed, all prescriptions electronically generated for controlled substances in schedule II, III, IV, or V have to be physically signed by the practitioner. If a prescription for a schedule III, IV, or V drug is electronically generated and then transmitted via fax to a pharmacy, it still has to be physically signed by the practitioner. A prescription for a schedule II drug may be electronically generated, but it has to be physically signed by the practitioner and may not be faxed to a pharmacy unless it meets one of the following three conditions:

1. The substance is to be compounded for direct administration to a patient,
2. The substance is a prescription for a resident in a long term care facility (“LTCF” must be written on front of the prescription by practitioner or pharmacist); or
3. The substance is for a terminally ill patient (“terminally ill” must be written across the front of the prescription by practitioner or pharmacist).

### ***Pharmacy License Renewals***

Retail and institutional pharmacy license renewals will be mailed to all resident and non-resident pharmacies in mid April. Remember to complete and return with the renewal fee before June 30<sup>th</sup>. License renewals postmarked after June 30<sup>th</sup> are subject to a late fee. Pharmacy licenses expire on June 30<sup>th</sup> and a pharmacy may not operate with an expired license.

### ***Methamphetamine Info – Misty Potter, PharmD Candidate***

Methamphetamine has become a big concern in Wyoming, especially Natrona County. Recently Richard Burton, board compliance officer and I attended the Mountain States Precursor Committee meeting in Casper. This is a group of people from Montana, Colorado, Utah and Wyoming that meet three times a year to discuss the methamphetamine problems in these areas. Statistics were presented from all over the United States, but I will focus on the Natrona County statistics. In the last year there was a 400% increase in methamphetamine related fraud and forgery. Officials stated that 80% of felony crimes have a methamphetamine origin. Unfortunately, 92% of foster care placements in Natrona County last year were due to methamphetamine. Even more startling, all 2002 homicides were related to methamphetamine. Another surprising statistic is that 10% of alcohol users become addicts while 98% of methamphetamine users become addicts. Methamphetamine is a problem in our community and we need to help do something about it.

Some major components of methamphetamine are pseudoephedrine, ephedrine, iodine, hydriodic acid, hypophosphorus acid, red phosphorus and anhydrous ammonia. Watch out for excessive amounts of these products being purchased. Pharmacists can be especially helpful in watching the sales of pseudoephedrine. Natrona County is combating the methamphetamine problem by participating in a Meth Watch program. Local landlords are now protecting themselves by including a stipulation in their contracts that allows them to evict renters who use drugs. Local employers are enforcing drug testing to help combat the problem. The drug manufacturer Pfizer is trying to come up with a product that would replace pseudoephedrine and could not be used in the production of methamphetamine. The Wyoming Legislature is considering several bills, which will restrict the sale of pseudoephedrine. If you suspect methamphetamine production or use please contact the local police department or sheriff's office. It will take a combined effort in the community to combat this problem but if we all work together we can make a difference.

### ***Board of Pharmacy Vacancy***

By the time you receive this newsletter, the Governor will have made his appointments for all the boards and commissions. Jennifer Nevins RPh, Donald Hunton MD, and Sean Ellis DDS have completed two six-year terms with the board of pharmacy. Their appointments expired February 28<sup>th</sup>. They have served the citizens of Wyoming well and will be missed. The June newsletter will have information on the new appointees.

### ***Changes in Board Rules***

The board will be considering a rule-making notice in late July or early August. Depending on the outcome of the Wyoming Legislature, the board may have a considerable amount of rule-making to consider. Board meetings will be held in April and June in Casper at the board's

office, and will focus on proposed changes in rules. I encourage you to get involved in this process. Date and agendas will be available on the board's web page or by contacting the board's office.

***USP 797 Workgroup***

Currently a group of pharmacists including Mary Walker, Mindy Rasmussen, Nate Smedley, Waldo Roth, Clark Griffith, John Arross, Tom Butler, Bill Burleson, Jim Judd, Al Anderson, David Pestotnik, Jaime Karczewski, and Jennifer Nevins have been working with the board's staff in discussing what revisions to Chapter 13 of the board's rules needs to be made with regard to USP 797 regulations. Please contact a member of this group or the board's office if you have any questions.

***Alcohol or Drug Problem?***

***Confidential Assistance is Available***

***Call George Vandell at 307/472-1222***

If you are concerned about yourself or a colleague, please call the Wyoming Professional Assistance Program (WPAP) to discuss your concerns anonymously. We assist impaired pharmacists and pharmacy technicians to get the help they need without necessarily jeopardizing their licenses.